

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **17628**BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) Tarkio		c. LENGTH OF STAY (In this place) 1 1/2 yrs		c. CITY OR TOWN Tarkio		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION *				f. STREET ADDRESS (If rural, give location) 0020			
3. NAME OF DECEASED (Type or Print) a. (First) PEARL MAMIE b. (Middle) MAMIE c. (Last) WILSON				4. DATE OF DEATH (Month) (Day) (Year) June 28, 1955			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH October 14, 1875	
9. AGE (In years last birthday) 79		10. MONTHS 8		11. DAYS 14		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ft. Smith, Arkansas.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME John Shell				13b. MOTHER'S MAIDEN NAME Mary Hornsby		14. NAME OF HUSBAND OR WIFE Arthur Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clemia P. Wilson Tarkio, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral-vascular accident, massive ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe hypertensive-arteriosclerotic DUE TO (c) cardio-vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 443 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/21/55 , 19__, to 6/28/55 , 19__, that I last saw the deceased alive on 5/2/55 , 19__, and that death occurred at 6 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Col. Wiedermeyer, M.D.				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 6/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/28/55		24c. NAME OF CEMETERY OR CREMATORY 4437		24d. LOCATION (City, town, or county) (State) Bentonville, Arkansas.	
DATE/REC'D BY LOCAL REG. 7/9/1955		REGISTRAR'S SIGNATURE Harvey W. Schuler		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John M. Davis

Licensed Embalmer No..23914

P. O. Address..Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.